

**Rhode Island Department of Business Regulation**  
Application for Medical Marijuana Cultivator License

Christopher Jardin  
Printed Name

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

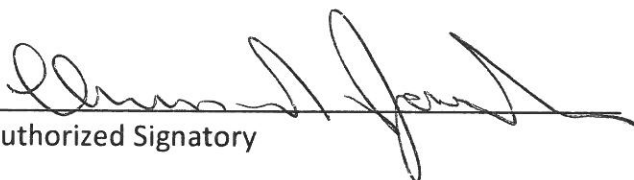
<b>Part I: Ownership Structure</b>						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Christopher Jardin	President				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Warwick	R.I.	02889	Phone Number		
Not Applicable)		Own. % Business Associated with				
Robert Ursillo	Investor				App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Cranston	R.I.	02920	Phone Number		
Not Applicable		Own. % Business Associated with				
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number ( )		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City	State	ZIP	Phone Number ( )		
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant
Name		Title	SSN/FEI	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number (    )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant

**Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.**

Name	Date of Birth	SSN/FEIN	Interest
None at this time			

  
 Authorized Signatory

3/3/2017  
 Date

Christopher Jardin  
 Printed Name